



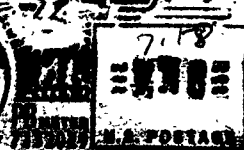
State of Utah
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

1504 West North Temple, Suite 1210
PO Box 145801
Salt Lake City, Utah 84114-5801

CERTIFIED MAIL



7099 3400 0016 8896 2383



RETURN SERVICE REQUESTED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

JB DOGM M/049/021 4/10/03

| | |
|---|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

Postmark
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

DAN POWELL - AGENT FOR EMERY INDUSTRIAL

Street, Apt. No. or PO Box No

PO BOX 489

City, State ZIP+4

PRICE UT 84501

PS Form 3800, February 2000

See Reverse for Instructions

DAN POWELL
AS AGENT FOR
EMERY INDUSTRIAL RESOURCES
P O BOX 489
PRICE UT 84501

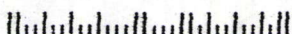
- RECEIVED**
MAY - 7 2003
DIV. OF OIL, GAS & MINING
- Not Deliverable As Addressed**
- ☐ Unable To Forward
 - ☐ Incorrect Address
 - ☐ Moved, L.A.: No Address
 - ☒ Unclaimed ☐ Refused
 - ☐ Attempted - Not Known
 - ☐ No Such Street ☐ Number
 - ☐ Vacant ☐ Illegible
 - ☐ No Mail Receipts
 - ☐ Box Closed - No Order
 - ☐ Postmark For Better Address
 - ☐ Postage Due
- Rt. #
Carr. Int.
Date 5-5-03

04-14-03
4-23-03
4-29-03

• Print your name, address, and ZIP Code in this box •



Joelle Burns
State of Utah
Division of Oil, Gas and Mining
1594 West North Temple Ste 1210
Salt Lake City, UT 84114-5801



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DAN POWELL
262 S 800 W
PAYSON UT 84651

4a. Article Number

7099 3400 0016 8896 2390

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

4/14/03

JB DOGM M/049/021 4/10/03

5. Received By: (Print Name)**6. Signature: (Addressee or Agent)**

X *Dan Powell*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

JB DOGM M/049/021 4/10/03

| | |
|---|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

Postmark
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

DAN POWELL

Street, Apt. No., or PO Box No.

262 S 800 W

City, State, ZIP+4

PAYSON UT 84651

PS Form 3800, February 2000

See Reverse for Instructions

7099 3400 0016 8896 2390